City of Elkins Application for Business License

Name of Business:	
Type of Business	
(corp. sole proprietorship, etc.)	
Physical Address of Business:	
Mailing Address of Business	
Phone Number of Business:	
Nature of Business:	
Owner of Business:	
Federal ID#:	
State ID#:	DOB:
After Hours Contact:	
Phone Number(s) of After Hours Contac	t:
Name of Person Completing Application	(please print):
Title:	
Signature of Applicant	Date of Application
DO NOT WE	RITE BELOW THIS LINE
City Inspector	Date
Fire Department Representative	Date
City of Elkins - Mayor	Date
Business License #	Issue Date